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U. S. Patern and Tracemark Office; U.S. DEPARTMENT OF COMMERCE
o a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no nersons are required to respond to Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 10/766.805 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY SMALL ENTITY (Column 2) (Culuman I) FOR NUMBER FILED NUMBER EXTRA RATE RATE FEE FEE BASIC FEE 770 5 OR TOTAL CLAIMS 0 minus 20 = 14 0 OR (37 CPR 1.16(c)) INDEPENDENT CLAIMS 3 minus 3 0 = OR 0 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0 Ô OR 770 0 TOTAL TOTAL OR If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR (Column I) (Column 2) SMALL ENTITY (Culumn 3) CLAIMS HIGHEST ADDI-ADDI-NUMBER REMAINING PRESENT RATE TIONAL RATE TIONAL ENDMENT AFTER PREVIOUSLY **EXTRA** FEE FEE MENDMENT PAID FOR OR. Total n 13 Minus 20 0 (17 CFR 1.16(c)) OR Independent 2 Minus 3 0 0 (37 CFR 1.16(h)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 OR TOTAL TOTAL 0 OR 0 ADDIT. PEE (Cohimn I) ADDIT. FEE (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE AMENDMENT AFTER PREVIOUSLY EXTRA FEE FEE AMENDMENT PAYD FOR OR Total (37 CFR 1.16(c)) Minus OR. Independent (37 CFR 1.16(b)) Minus OR. FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR J.16(4)) OR TOTAL TOTAL 0 0 ADDIT. FEE ADDIT. FEE (Culumn 1) (Column 2) (Calumn 3) CLAIMS HIGHEST . ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL. RATE TIONAL AMENDMENT **AFTER** PREVIOUSLY **EXTRA** FEE PEE AMENDMENT PAID FOR OR Minus OR Independent (37 CFR 1.16(b)) *** Minus -OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTA TOTAL 0 0 OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending toon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Palumt and Trademark Officer, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.